



HARFORD COUNTY COMMITTEE
ON EMPLOYMENT OF PEOPLE WITH DISABILITIES

Jackie Angerhofer
Co-Chair

Sharon Grzanka
Co-Chair

Nomination for Employer of the Year for 2006

This award is given to recognize the extent and effectiveness of the nominee's activities in promoting employment opportunities for qualified individuals with disabilities BEYOND what is mandated by Federal, State, and local laws.

To submit a nomination

- a. nominations must be on designated forms
 - b. make copies of forms if needed
 - c. print or type complete answers to ALL questions-materials are available in alternate format by request
 - d. attach additional pages / documentation as necessary
 - e. individuals / businesses may self-nominate
 - f. mail completed forms to the Committee on Employment of People With Disabilities at the address below
 - g. nominations must be received by September 13, 2006**
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1. The organization has (circle one)
 - a. 25 or fewer employees—small employer
 - b. 26-500 employees – medium employer
 - c. 501 or more employees – large employer(Awards may be given in each of the above categories)
2. Type of Business _____
3. Nominee's Name _____
Business Name and Address _____

Phone _____
4. Name of Manager/Director/ _____

5. If Nominee is an individual:

Name and Title _____

6. Describe the nominee's philosophy pertaining to the employment of people with disabilities and explain how it is implemented.

7. State the nominee's procedure for recruitment, placement, training, orientation and follow-up of employees with disabilities

8. Describe the nominee's activities at the local, state and/or national level in promoting the hiring of individuals with disabilities, i.e., membership in organizations interested in employment of persons with disabilities, support groups, etc.

9. Explain other reasons for this nomination, i.e., special orientation of employees, labor/management agreements that facilitate employment of persons with disabilities, etc.

Nominator's Name _____

Home Address _____

_____ Phone _____

Business Address _____

_____ Phone _____

Signature _____

Title _____ Date _____

This document is available in alternative format upon request:
410-638-3373 voice/TTY or disability@harfordcountymd.gov .